

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED <i>Bartolo Perez</i>		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <i>609cr350</i>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) <i>U.S. v. Bartolo Perez</i>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) <i>CC</i>		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <i>8:1326(a) and 1326(b)(2) Reentry of deported aliens</i>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Susan Cassell</i>					
Telephone Number: <i>(201)445-3894</i>					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) <i>419 Lucille Court Ridgewood, NJ 07450</i>					
15. CATEGORIES (Attach itemization of services with dates)					
In Court	a. Arraignment and/or Plea	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
16. CATEGORIES (Specify on additional sheets)					
Out of Court	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	17. TRAVEL EXPENSES (Specify on additional sheets)				
18. OTHER EXPENSES (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE					
FROM: _____	TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	